



Implementation of Priority Recommendations To Strengthen California's Health Workforce

**A collaborative initiative of the California Workforce Investment Board, the
California Health Workforce Alliance, and the
Office of Statewide Health Planning and Development**

This initiative focuses on the implementation of priority recommendations developed by the California Health Workforce Development Council (HWDC). The HWDC is a statewide committee, co-convened in 2010 by the California Workforce Investment Board (CWIB) and the Office of Statewide Health Planning and Development (OSHPD) to support the implementation of the Patient Protection and Affordable Care Act (ACA). The HWDC recommendations are informed by and build upon the work of the California Health Workforce Alliance (CHWA), a statewide coalition of health professions employers, educational institutions, constituency groups, and government agencies established in June 2009 to advance comprehensive approaches to health workforce development. Leaders of numerous associations and profession specific workforce initiatives also participated in development of the recommendations and will play key roles in their implementation.

CHWA and its partners are taking action and seeking investment and partnerships to implement priority recommendations over the next 18 months. The approach will be consistent with the CWIB's recently adopted strategic workforce development plan that identifies health care as strategic industry sector. The focus is on acting in professions and geographic areas that are most critical to successful Affordable Care Act implementation and expanding jobs and economic opportunity. Proposed actions are also aligned with advancement of priorities such as Building Healthy Communities and Let's Get Healthy California. The result will be a workforce better prepared in the short and long term to serve our increasingly diverse communities. Priorities drawn from the HWDC recommendations include:

- 1) Strengthen primary care capacity in areas with insufficient provider network adequacy
 - a. Implement HWDC primary care recommendations in the Central Valley, Inland Empire and other priority regions.
 - b. Advance statewide policies, programs and investment to enable primary care capacity
 - c. Coordinate with the programs of the California Health Workforce Policy Commission
- 2) Expand the role, training and use of community health workers, promotores, medical assistants, mental health workers and other front line workers to increase primary care capacity, care transformation and health promotion.
 - a. Continue implementation of the CHWA CHW/Promotores initiative¹

¹ CHWA is currently conducting a statewide assessment of the roles and contributions of community health workers and promotores in safety net institutions towards achievement of the Triple Aim objectives. This two phase initiative is funded by the Blue Shield of California Foundation, with a report of findings and recommendations to be published in July 2013. Phase two will focus on the convening of a statewide task force that focuses on legislative and field strategies that take the engagement of CHWs/Promotores to scale.

- b. Invest in Central Valley, San Diego and other regional pilot programs for CHW and medical assistant role expansion, training and career ladders.
 - c. Explore provisions to allow the services of Community Health Workers/Promotores to be reimbursable with government and private payers
 - d. Support OSHPD process of developing a strategic plan and career pathways for mental health workforce.
 - e. Partner with California Institute for Nursing in Healthcare on refining the role of nurses in health reform implementation.
- 3) Preserve and increase funding for proven programs throughout CA that increase workforce diversity, expand the pool of candidates from all backgrounds, align resources to of access to career pathways for members of their community, and provide rewarding career and job opportunities for California residents
 - a. Invest to restore, sustain and expand proven programs such as Health Career Opportunity Programs, Welcome Back Centers, Post Bac Programs, PRIME etc.
 - b. Provide technical assistance and investment to increase the scale and replicate proven programs within priority regions.
 - c. Partner with the Alliance for Boys and Men of Color to implement priority recommendations that expand health career opportunities and improve services and health outcomes.
- 4) Invest in and institutionalize statewide infrastructure that is based upon input and engagement at all levels and supports an ongoing evidence-based, comprehensive and coordinated approach to health workforce development that mobilizes diverse stakeholders at the state, local and regional level.
 - a. Provide sufficient staffing, funding and policies that support the HWDC and OSHPD and the California Health Workforce Alliance and Health Professions Consortiums to implement priority initiatives and serve as the ongoing convener and coordinators to navigate changing workforce needs.
 - b. Invest in infrastructure and funding to support priority initiatives led by professions, associations or institutions and for their ongoing coordination with the HWDC plans.
- 5) Align regional workforce investment board priorities with the Health Workforce Development Council Plan
 - a. Communicate and provide technical assistance to local WIBS and their partners regarding HWDC recommendations and how they align with and advance local priorities.
 - b. Assist local WIBs outreach to health sector leaders and prominent stakeholders.
- 6) Develop and implement accelerated, comprehensive regional health workforce development strategies in priority regions. (See attachment 1).
 - a. Identify 3-5 priority regions for implementation in 2013 including those with strong workforce initiatives already underway such as Coachella Valley, Inland Empire and Los Angeles and areas where workforce priorities are most acute.
- 7) Assess the impact of scope of practice on access, quality and cost and make recommendations on appropriate policies, practice and payment

Attachment 1: Development of Accelerated, Comprehensive Regional Workforce Strategies

We propose a series of facilitated engagements in 3-5 selected regions of California where there is an acute need for coordinated action to address current and projected health workforce shortages and where there are key elements in place that offer promise of near term results. These elements typically involve existing capacity among local Workforce Investment Boards (WIBs), community coalitions, and educational institutions and employers with demonstrated commitment. Our approach to engagement is to build shared local ownership through evidence-based planning, and to encourage collaborative approaches that foster institutional commitment that enables regional groups to take innovations to scale. The four basic steps in the regional health workforce development process include:

1. Capacity assessment of WIBs, HPEIs, CHCs, hospitals, coalitions

Conduct accelerated inquiry (1 month) into relevant accomplishments, stakeholder engagement, scope and emphasis of health workforce activities to date. To be informed by OSHPD data and findings from CHWA inquiries.

The central purpose is to ensure an evidence-based dialogue that appropriately validates innovations and work completed to date, and facilitates strategic focus on building capacity for a regional orientation as a counter balance to institutional imperatives.

2. Convene and facilitate strategy development / refinement

With support and facilitation from CHWA, selected regional stakeholders will serve as conveners of a short term collaborative planning process that sets the parameters of responsibility and focus for action. Key actions will include:

- a. Presentation of OSHPD and related data/information in GIS format to build common knowledge and agreement on current and projected needs and current and potential institutional and organizational contributions.
- b. Identify key points of leverage, needed resources, and obstacles to be overcome in order to produce agreed upon results.
- c. Develop a limited set (5-6) of agreed upon near term outcomes (i.e., within 6 months, 1 year, and 2 years) and identify and secure agreement on a set of mutually reinforcing actions to be taken by diverse stakeholders in order to achieve measurable progress.

Metrics will validate both changes on the ground (e.g., increase in numbers of enrollees, graduates, and practitioners) and changes in the way that organizations and institutions do business.

3. Documentation / Replication / Scaling

Provide input and information from relevant innovations in other localities that help to tailor approaches in a manner that contributes to scaling of efforts to date. Assist in documentation and dissemination of tailored innovations to other regions for potential replication.

4. **Increase Health Workforce Diversity**

Building on the early work of the Connecting the Dots Initiative², further the intent of the CWIB, and the relationships established with the full spectrum of stakeholders, CHWA leaders will work with regional stakeholders to ensure that strategies developed link to and build upon proven pipeline programs. Particular effort will be given to facilitate the institutionalization of programs through a combination of institutional leadership and private sector investment.

CHWA will also focus at the statewide level on expanding public awareness of both the imperative and the returns on investment in the context of ACA, and articulation of the explicit links between the case for primary care expansion, job development, and building economic vitality in communities with profound health inequities.

² The Connecting the Dots Initiative was a three year statewide initiative (2006 – 2009) funded by The California Endowment that focused on the development of comprehensive approaches to increase health workforce diversity in the state of California. Connecting the Dots was the precursor to the establishment of CHWA.